

# Transfer of vested benefits to the new pension fund

|   |  |
|---|--|
| <b>Insured person (private address)</b> | <b>Previous employer(s) or pension fund/<br/>vested benefits institution</b> |
| Last name                               |  |
| First name                              |  |
| Street/No.                              |  |
| Postcode/town                           |  |
| Date of birth                           |  |

**New occupational pension fund member**

**Note to the new employer:** Please add the policy number to the paying-in slip below.

**Note to the new occupational pension fund member:** Please add your last name, first name and AHV/AVS number to the paying-in slip below.

Your vested benefits from your previous pension fund, plus any assets you hold in vested benefit policies or accounts with a vested benefit institution must be transferred to your new pension fund in line with legal provisions.

Please send this form, together with the completed paying-in slip, to your previous employer for the attention of the pension fund, or to your vested benefits institution. With your signature, you grant the relevant person(s) with permission to transfer your vested benefits.

**Note to the previous pension fund / vested benefits institution:** Please transfer to us the vested benefits or assets from any vested benefit policies or accounts and send us a final statement that indicates the legally required information.

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Place and date Signature of the new pension fund member



**Empfangsschein**

Konto / Zahlbar an  
 CH79 0023 0230 2820 9901 A  
 Allianz Suisse Lebensvers.-Ges. AG  
 Postfach  
 8010 Zürich

Zahlbar durch (Name/Adresse) ┌

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Währung Betrag ┌

CHF └

Annahmestelle

**Zahlteil**



Konto / Zahlbar an  
 CH79 0023 0230 2820 9901 A  
 Allianz Suisse Lebensvers.-Ges. AG  
 Postfach  
 8010 Zürich

Zahlbar durch (Name/Adresse) ┌

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Währung Betrag ┌

CHF └

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